		Application Number	09/966,040
		Filing Date	09/28/2001
		First Named Inventor	Max L. Musser
		Group Art Unit	2103
		Examiner Name	Wood, William H.
Total Number of Pages in this Submission	16	Attorney Docket Number	01118

Enclosures (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Drawing(s) & Letter to Official Draftsman <input type="checkbox"/> Interview Summary <input type="checkbox"/> Petition to the Commissioner <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> CD, Number of CDs <input type="checkbox"/> Additional enclosure(s) (please identify below)
<div style="border: 1px solid black; padding: 5px;">1. Check in the amount of \$490.00</div>		
Remarks:		

CORRESPONDENCE ADDRESS

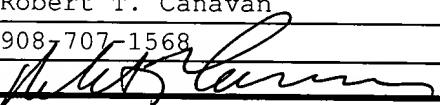
Customer Number or Bar Code Label

Customer Number - 83727

or Correspondence address below

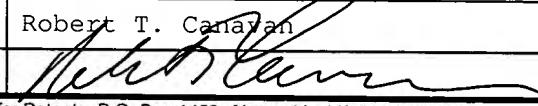
NAME	Robert T. Canavan			
ADDRESS	AT&T CORP., One AT&T Way, Room 2A-207			
CITY	Bedminster	STATE	New Jersey	ZIP CODE
COUNTRY	United States of America			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Robert T. Canavan	Reg. #	37592
TELEPHONE	908-707-1568		
SIGNATURE		DATE	03/10/2009

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 03/10/2009

Type or Printed Name	Robert T. Canavan		
Signature		Date	03/10/2009

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450